

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005374

STATE FILE NUMBER

AMENDED

Registration District No. 4

Primary Registration District No. _____

Registrar's No. 11

FILED FEB 20 1962

1. PLACE OF DEATH

a. COUNTY

Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Fairfax

Length of stay in 1b

24 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Community Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Atchison

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Fairfax

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HENRY

CLAIR

OLIVER

4. DATE OF DEATH

Month

Day

Year

Feb. 12, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/4/1914

9. AGE (last birthday)

47

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine shop operator

10b. KIND OF BUSINESS OR INDUSTRY

Const. equipment

11. BIRTHPLACE (City and state or country)

Norton, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Harrison Oliver

13b. MOTHER'S MAIDEN NAME

Cora Edith St. Clair

14. NAME OF HUSBAND OR WIFE

Patricia Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Clair Oliver Fairfax, Mo.

18. CAUSE OF DEATH (Enter only one cause by line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hodgkin's disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/11/62 to 2/12/62 and last saw her alive on 2/12/62Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2/14/1962

23c. NAME OF CEMETERY

Steele Cemetery

23d. LOCATION (City, town, or county)

Falls City, Neb.

24. FUNERAL DIRECTOR

ADDRESS

Schooler Funeral Home Fairfax, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 13, 1962

26. REGISTRAR'S SIGNATURE

Sherwin H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herwin V. Schoeler

Licensed Embalmer No. 4162

P. O. Address Fairfax, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.